Name in Full: Josephine Baynard

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Ridgely County: Caroline

Date of death: Month: March Day: 31 1904

Age: Years Months Days

Sex: Female Color or Race: Black Birthplace: Caroline Co.

Occupation: Housework Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Samuel Baynard

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Thomas Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Imformation: Samuel Baynard How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis How long: 4 months

Immediate: Exhaustion How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Madara

Address: Ridgely Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Emma Beauchamp

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Denton — County: Caroline

Date of death 1904 — Month: March — Day: 29 — Age — Years — Months — ~~Day~~ 4 hours

Sex: Female — Color or Race: White — Birthplace: Denton

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: R Boon Beauchamp — Father's Birthplace: Caroline County Md

Mother's Maiden Name: Sadie J. Nowrke — Mother's Birthplace: Kent Co. Del

Name of person giving information: Mrs R. Boon Beauchamp — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: collapse — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J P Beauchamp

Address: Denton Maryland

~~Accident or Suicide?~~

179.

LIBRARY BUREAU A88519

Name in Full: Leetoria R Fields

CERTIFICATE OF DEATH

MARYLAND

Died at: Em Town — County: Lancaster

Date of death 1904: Month 3 — Day 15

Age: Years — Months 5 — Days -

Sex: Female — Color or Race: Black — Birthplace: Ind.

Occupation: — — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed — Name of Wife or Husband

Father's Name: George Fields — Father's Birthplace: Del

Mother's Maiden Name: Sarah Fields 93 — Mother's Birthplace: Va

Name of person giving Imformation: Elwood Mathews — How related to deceased: friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: four weeks

Immediate: — — How long: -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. R. Smith

Address: Tompkinsville Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Alexander Freeman –

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ridgely; County: Caroline

Date of death: 1904; Month: 3; Day: 18; Years: Age 67; Months; Days

Sex: Male; Color or Race: Negro; Birthplace: Maryland

Occupation; Where Residing if not at place of death

Married, Single or Widowed: Married; Name of Wife or Husband: Martha Haines Freeman

Father's Name: Emory Freeman; Father's Birthplace: Maryland

Mother's Maiden Name; Mother's Birthplace

Name of person giving Imformation: Martha Freeman; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brights Disease; How long: 3 years

Immediate: Uremia –; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. L. B. Stone

Address: Ridgely Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Rhoda Freeman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Ridgely — County: Caroline

Date of death 1904 — Month: 3 — Day: 31 — Years: Age 85 — Months — Days

Sex: Female — Color or Race: Negro — Birthplace: Maryland

Occupation: Housework — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: Allan Lockerman — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Senility — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. D. Stone

Address: Ridgely Md

Accident or Suicide?

LIBRARY BUREAU A8651S

Name in Full: Mary Florence Hines

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ridgely — County: Caroline

Date of death 1904 — Month: March — Day: 27 — Age — Years: 27 — Months: 4 — Days: 10

Sex: Female — Color or Race: African — Birthplace: Ridgely

Married, Single or Widowed: married — Occupation: House wife

Name of Wife or Husband: William H. Hines

Father's Name: Alfred Thomas — Father's Birthplace: Caroline Co

Mother's Maiden Name: Annie M. Gross — Mother's Birthplace: Caroline Co

Name of person giving In formation: Wm H. Hines (Husband) — How related to deceased: ———

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 3 Months

Immediate: Tuberculosis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Goldsborough

Address: Greensboro, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Sarah E. Jacobs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Burrsville | County: Caroline

Date of death 1904: Month: March | Day: 21 | Age: Years: About 73 | Months | Days

Sex: Female | Color or Race: White | Birthplace

Married, Single or Widowed: Widow | Occupation: Housewife

Name of Wife or Husband: Isaac Jacobs

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information: Thos. Jacobs | How related to deceased

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of Heart. | How long

Immediate: Neuralgia of Heart | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. Jacobs

Address

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Jane F Prattis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Federalsburg — County: Caroline

Date of death: 1904 — Month: 3 — Day: 29 — Age: Years: 62 — Months — Days

Sex: female — Color or Race: black — Birthplace: md

Occupation: housewife — Where Residing If not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Adam Prattis

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: Adam Prattis — How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis — How long: years

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R K Jefferson

Address: Federalsburg md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: George Pritchett.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elms Corners — County: Caroline

Date of death 1904: Month: March — Day: 7 — Age: Years: 73.. — Months — Days

Sex: Male — Color or Race: Mulatto — Birthplace: Caroline Co

~~Married~~, Single or ~~Widowed~~ — Occupation: Laborer

Name of Wife or Husband

Father's Name: Samuel Pritchett — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Duke — Mother's Birthplace

Name of person giving information: H. Burke — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsy — How long: About 4 yrs

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. Funderburg

Address

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A6881c

Name in Full: Hennie Hansley Pritchett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ridgely; County: Caroline

Date of death 1904: Month: 3; Day: 25

Age: Years: 30 Abt.; Months: Dont-Know; Days: —

Sex: Female

Color or Race: Colored

Birth-place: Delaware

Married, Single or Widowed: Married

Occupation: Housewife

Name of Wife or Husband: John W. Pritchett

Father's Name: John Hansley

Father's Birthplace: Delaware

Mother's Maiden Name: ~~Dont-Know~~ Hennie Hollow

Mother's Birthplace: Delaware

Name of person giving In formation: Husband J.W. Pritchett

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Continued fever — How long: 4 weeks

Immediate: Lobar Pneumonia & Heart failure — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Ayes

Signature of Physician: H.M. Richards

Address: Ridgely, Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Spencer Ross

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton — County: Caroline

Date of death: 1904 — Month: March — Day: 26 — Age: Years: 53 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death: Hay Near Denton

Married, Single or Widowed: Married — Name of Wife or Husband: Josephine Selghman

Father's Name: Enoch Ross — Father's Birthplace: Maryland

Mother's Maiden Name: Rachael Selghman — Mother's Birthplace: Maryland

Name of person giving Imformation: Josphine Ross — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Sudden — How long: Two Minutes

Immediate: Heart Failure — How long: Ten Minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Enoch George M D

Address: Denton Caroline Co Md

Accident or Suicide? Sudden

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Alphaeus Thomas Hunt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Denton — County: Caroline

Date of death: Month: March — Day: 21 — Year: 1904

Age — Years: — Months: 2 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Alphaeus W. Hunt — Father's Birthplace: Del

Mother's Maiden Name: Dora Hunt — Mother's Birthplace: Del

Name of person giving Imformation: Alphaeus W. Hunt — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: Few days

Immediate: Same — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P R Linker

Address: Denton Md

Accident or Suicide? —

LIBRARY BUREAU A8S316

Name in Full: Dorothea Elizabeth Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Andersontown; County: Caroline

Date of death 1904: Month: Mar.; Day: 5; Age: Years 7; Months 4; Days 25

Sex: Female; Color or Race: White; Birthplace: Md.

Married, Single or Widowed:

Occupation:

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband:

Father's Name: Charles F. Smith; Father's Birthplace: Md

Mother's Maiden Name: Susan Todd; Mother's Birthplace: Md

Name of person giving information: Jas H Smith; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN

Primary: Not known; How long: 24 hours

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above: Yes

Signature of Physician: Jas H. Ward.

Address: Andersontown

Accident or Suicide?

LIBRARY BUREAU A9818

Name in Full: Elva Etta Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Andersontown — County: Caroline

Date of death 1904: Month: Mar. — Day: 4 — Age: Years: 9 — Months: 2 — Days: 13

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Charles F. Smith — Father's Birthplace: Md

Mother's Maiden Name: Susan Todd — Mother's Birthplace: Md

Name of person giving information: Ivah Smith — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN

Primary: Not known — How long: 14 hours

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above? They are

Signature of Physician: Jas. H. Ward.

Address: Andersontown

Accident or Suicide?

LIBRARY BUREAU A89518

Name in Full: Sister Mary Irene Topper.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: The Plains — County: Caroline

Date of death 1904: Month: 3 — Day: 25 — Age: Years: 22 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Penna

Occupation — Where Residing if not at place of death: The Plains.

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Sylvester Topper — Father's Birthplace: Pa

Mother's Maiden Name: Rose — — Mother's Birthplace: Pa

Name of person giving Imformation: Mother Dolores — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 3 years

Immediate: Typhoid Fever, — How long: 3 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. J. Stone

Address: Ridgely Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full

Certificate of Death

Robert Downes Waymon

Town

County

Died at Boonsboro Carroll MARYLAND

Date 1904	Month 3	Day 24	Age Y. 50	M. 4	D. 27	Native of Md.	Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living 11

Husband of Wife Alverta Waymon (maiden name Wyatt)

Father's Name Benj. Downes Waymon

Mother's Maiden Name Margaret A. Copper

Cause of Death: Primary Pneumonia, about Jan 5th 04 How long sick 2 wks

Immediate Phthisis Pulmonalis ~~Accident, Suicide, Homicide~~

Reported by Robley Hackett, M.D.

Address Queen Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898